

Form	1040	Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	2002	(99)	IRS Use Only—Do not write or staple in this space.																														
		For the year Jan. 1–Dec. 31, 2002, or other tax year beginning _____, 2002, ending _____, 20		OMB No. 1545-0074																															
<b>Label</b> (See instructions on page 21.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b> (See page 21.)	L A B E L  H E R E	Your first name and initial _____ Last name _____		Your social security number _____																															
		If a joint return, spouse's first name and initial _____ Last name _____		Spouse's social security number _____																															
		Home address (number and street). If you have a P.O. box, see page 21. _____ Apt. no. _____																																	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 21. _____																																	
		<b>Note.</b> Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . . .		You                      Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>Filing Status</b>  Check only one box.		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. _____		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died _____). (See page 21.)																															
<b>Exemptions</b>  If more than five dependents, see page 22.		6a <input type="checkbox"/> <b>Yourself.</b> If your parent (or someone else) can claim you as a dependent on his or her tax return, <b>do not</b> check box 6a . . . . .		No. of boxes checked on 6a and 6b _____																															
		b <input type="checkbox"/> <b>Spouse</b> . . . . .		No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see page 22) _____ Dependents on 6c not entered above _____ Add numbers on lines above ► <span style="border: 1px solid black; padding: 2px 10px;"> </span>																															
		<b>c Dependents:</b>																																	
		<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width:30%;">(1) First name</th> <th style="width:30%;">Last name</th> <th style="width:20%;">(2) Dependent's social security number</th> <th style="width:20%;">(3) Dependent's relationship to you</th> <th style="width:10%;">(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 22)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 22)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>		
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 22)																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
		d Total number of exemptions claimed . . . . .																																	
<b>Income</b>  Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.  If you did not get a W-2, see page 23.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.		7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		7																															
		8a <b>Taxable</b> interest. Attach Schedule B if required . . . . .		8a																															
		b <b>Tax-exempt</b> interest. <b>Do not</b> include on line 8a . . . . .		8b																															
		9 Ordinary dividends. Attach Schedule B if required . . . . .		9																															
		10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) . . . . .		10																															
		11 Alimony received . . . . .		11																															
		12 Business income or (loss). Attach Schedule C or C-EZ . . . . .		12																															
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		13																															
		14 Other gains or (losses). Attach Form 4797 . . . . .		14																															
		15a IRA distributions . . . . .		15a																															
		16a Pensions and annuities . . . . .		16a																															
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17																															
18 Farm income or (loss). Attach Schedule F . . . . .		18																																	
19 Unemployment compensation . . . . .		19																																	
20a Social security benefits . . . . .		20a																																	
21 Other income. List type and amount (see page 29) . . . . .		21																																	
22 Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ►		22																																	
<b>Adjusted Gross Income</b>		23 Educator expenses (see page 29) . . . . .		23																															
		24 IRA deduction (see page 29) . . . . .		24																															
		25 Student loan interest deduction (see page 31) . . . . .		25																															
		26 Tuition and fees deduction (see page 32) . . . . .		26																															
		27 Archer MSA deduction. Attach Form 8853 . . . . .		27																															
		28 Moving expenses. Attach Form 3903 . . . . .		28																															
		29 One-half of self-employment tax. Attach Schedule SE . . . . .		29																															
		30 Self-employed health insurance deduction (see page 33) . . . . .		30																															
		31 Self-employed SEP, SIMPLE, and qualified plans . . . . .		31																															
		32 Penalty on early withdrawal of savings . . . . .		32																															
		33a Alimony paid b Recipient's SSN ► _____		33a																															
		34 Add lines 23 through 33a . . . . .		34																															
35 Subtract line 34 from line 22. This is your <b>adjusted gross income</b> ►		35																																	

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.

• All others:  
Single, \$4,700  
Head of household, \$6,900  
Married filing jointly or Qualifying widow(er), \$7,850  
Married filing separately, \$3,925

36	Amount from line 35 (adjusted gross income)	36	
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here . . . . . ▶ 37a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here . . . . . ▶ 37b <input type="checkbox"/>		
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	
39	Subtract line 38 from line 36	39	
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	
42	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	
43	Alternative minimum tax (see page 37). Attach Form 6251	43	
44	Add lines 42 and 43	44	
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child and dependent care expenses. Attach Form 2441	46	
47	Credit for the elderly or the disabled. Attach Schedule R	47	
48	Education credits. Attach Form 8863	48	
49	Retirement savings contributions credit. Attach Form 8880	49	
50	Child tax credit (see page 39)	50	
51	Adoption credit. Attach Form 8839	51	
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
54	Add lines 45 through 53. These are your total credits	54	
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	58	
59	Advance earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	
61	Add lines 55 through 60. This is your total tax	61	

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2002 estimated tax payments and amount applied from 2001 return	63	
64	Earned income credit (EIC)	64	
65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 56)	67	
68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
69	Add lines 62 through 68. These are your total payments	69	

**Refund**

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	
71a	Amount of line 70 you want refunded to you	71a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
72	Amount of line 70 you want applied to your 2003 estimated tax	72	

**Amount You Owe**

73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	
74	Estimated tax penalty (see page 57)	74	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

**Sign Here**

Joint return? See page 21. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	